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nurse, for even at night she slept so soundly and snored so determinedly that I would finally give up my weak and generally ineffectual attempts to arouse her. But once awake my nurse was willing, patient, and anxious to do anything to make me comfortable. So the kindness, mixed with a little thoughtlessness, made me forget much of the latter, and in my mind stays the reassuring action, that helped me to take courage.

For the next operation I did not have a special nurse. Funds were getting low, and it was thought that I could get along without one. One night I wanted some buttermilk or something that would take away the sinking sensation one experiences on a milk and soup diet, but the nurse on duty was unusually busy. Her soft shoes seemed to run up and down that corridor all night long. I rang once, but my bell remained unanswered. So the weary hours dragged on and 6 A.M. came. Round the door came the nurse's face. "Did you have any nourishment last night?" The tone was short and sharp. "You were too busy," my voice apologetically said. "Well, if you won't ask, you must go without," and away she whisked. Of course a few briny drops rolled onto my pillow. I knew she was tired and so was I.

One of the day nurses in that big institution was a gentle little Sister of Mercy. Just a girl, apparently, and with a heart of fun that belied the solemn appearance of her dark draperies. It was a jest between us that I was an infant in her care, and my husband never failed to be spoken of as "your father," by the little Sister.

Good words must be written of my last nurse, the one who left me on the road to recovery after the fourth, and, we hope, final operation. A girl without striking personality, but quiet, gentle, helpful, and faithful. The last attribute is the best of all. Money does not pay for such service.

REPORT ON PRELIMINARY TRAINING *

By MISS VAN LANSCHOT HUBRECHT

Secretary of the Committee

At the International Congress of Nurses held in London, July, 1909, Mrs. Hampton Robb read a paper on "The International Educational Standard for Nurses." She said among other things:

"While attending a special meeting of the International Council in

* Read at the International Council of Nurses, Cologne, Germany, August, 1912.

Paris and while listening to the papers and discussions on the various problems connected with nursing, both in public and private, I was naturally at once struck by the fact that speakers and listeners were handicapped because they had difficulty in understanding the various foreign languages. But later it became evident to me that we were still more seriously hampered by the lack of a common nursing language. I mean by this that the methods and the ways of regarding nursing problems were, in many respects, as foreign to the various delegations as were the actual languages, and the thought occurred to me, that if we ever hoped to gain any marked, definite advancement from these international gatherings, if we hoped ever actually to realize the aims of the International Council, one of which is 'To confer upon questions relating to the welfare of their patients,' sooner or later we must put ourselves upon a common basis and work out what may be termed a 'nursing Esperanto' which would, in the course of time, give us a universal nursing language and universal methods for all our affiliated countries."

A direct result of this paper was that on July 25, 1909, a meeting of the presidents and delegates of the affiliated countries was held at the home of Mrs. Bedford Fenwick, in London, in order to form a standing committee which should report at each triennial meeting of the Council.

After an interesting discussion it was decided to institute a series of inquiries into training methods and that the first one should cover the following points: 1. The usual age at which probationers are received for training in hospitals. 2. The standard of general education required of candidates. 3. Preliminary training given to probationers; whether any regular preliminary course was given, and, if so, what it included and how long a time it lasted.

Mrs. Hampton Robb was unanimously elected chairman and it was first agreed that she should choose a secretary from among her own countrywomen. Some time afterward, I read a notice in the *British Journal of Nursing* stating that Mrs. Hampton Robb would prefer having a secretary in Europe. I offered my services, little dreaming that I should so soon stand alone for this, through the tragic death of Mrs. Robb. It is impossible for me, being a foreigner, to do full justice to her great qualities, but I am glad to have this opportunity of bringing a tribute to her memory. The two occasions upon which I had the honor and pleasure of meeting her gave me a vivid impression of her noble personality. The death of that broad-minded and lovable woman is an irreparable loss for the International Nurses' Council and casts a shadow over this meeting.

But the work had to be done. In co-operation with Sister Agnes Karll and Miss Dock, a questionnaire dealing only with the preliminary training of the probationer was drawn up. Our questions were as follows: 1. Is any preliminary training for nurses given in your country? 2. Is it given in the hospital (nurse training school) or outside in some other institution or institutions? 3. Do the pupils of the preliminary course live in the hospital (training school)? 4. How long does the preliminary training last? 5. What are the subjects taught? 6. Do the pupils pay for the preliminary course of training? 7. What are the qualifications required for admission?

This questionnaire was sent to the presidents of the seven countries affiliated with the International Council of Nurses. Their replies have been printed and distributed. From the replies we learn that in the United States, Canada, England, and Finland some preliminary training is given, while in Germany, Denmark, and Holland the probationers, immediately upon entering the hospital, are allowed to assume responsible bedside work although they are in complete ignorance of even the elements of nursing.

Let me make clear what is meant by preliminary training. It is not at all the education that a probationer may have enjoyed before entering the hospital, but it is an organized and specially supervised probation period after she has entered it, during which period she is prepared, to a certain extent, to approach the sick and begin her practical services to them without showing that awkwardness that comes from new surroundings and unfamiliar duties. In any other profession or handicraft the novice is never allowed to practise upon the most precious material, but is given material of little or no value. A nurse has only one kind of material to practise upon, but this is at the same time the most precious material on earth—the human body and the human soul. Should not then every precaution be taken to prevent needless suffering to the patients in the hospitals through the ignorance of the probationer? A preliminary training of some months under the guidance of qualified teachers will assist greatly toward removing this difficulty.

In our reports it will be seen that the time given to this preliminary training in different hospitals varies from two to four to six or seven weeks to six months. Also, the extent of theoretical study given during this time varies greatly. Some schools attempt to teach in the preliminary course all the theory which otherwise would extend over one or two or even three years' time, thus getting rid of all lectures and classwork after the preliminary course and giving bedside teaching only during the remainder of the course. Others give in the preliminary course the

most essential theory, that which lies at the beginnings of a nurse's work, and the most fundamental knowledge, such as anatomy, physiology, hygiene, the principles of bacteriology, the elements of the properties and effects of drugs, sick cookery, and household science, but they also continue theoretical instruction by lectures and classwork throughout the entire course of two or three years in close connection with the various branches of practical bedside work through which the pupil passes in rotation.

However the preliminary courses may vary in different training schools as to length and theoretical teaching, one feature is common to them all and all agree in this: that the pupils shall be taught outside of the wards and by practising upon each other, how to handle and bathe a sick person, how to make the bed, use and handle the many appliances of the sick room, carry out medical orders for treatment, go through procedures for surgical dressings and bandaging, and become familiar with the appearance and names of all the hospital apparatus. Only when they have mastered this elementary practical work of the hands and special senses are they placed in the wards and entrusted with duties at the bedside of the sick. This preliminary drill is the main purpose of the preliminary course, and schools have come to it because of the difficulty, especially in very large hospitals, of giving every probationer personal teaching and oversight of a sufficient nature, at the right moment, and for a long enough time. It is true that there are hospitals, *not too large*, where the nursing staff is so well organized that every probationer receives this personal teaching in an adequate degree in the wards from a ward sister, but such hospitals are rare and the probationers' instruction is too often unsystematic and irregular.

Miss Goodrich in her report has already said, and I fully agree with her, that what is needed at present is a preparatory course for teachers of nursing; but at least in some countries this can only be got when we have state registration. And I believe this really to be the first thing to agitate for when state registration has been obtained. The trained nurse at present entrusted with the education of the probationers is not fit for her task, since she has had no special training herself in this respect.

Therefore I propose the following conclusions to you as a result of this inquiry: 1. Preliminary training is desirable and is recommended, as it gives probationers a uniform preparation for their work by the bedside. 2. Six or seven weeks are regarded as too short a time in which to give much theoretical instruction, even in an elementary form, with preliminary training, and we suggest that only the elements of prac-

tical nursing, the principles of hygiene and sanitation and sick cookery can be satisfactorily taught in so short a time. 3. Theory should not be limited solely to the preliminary training, but in a suitable form, should accompany the practical work throughout the entire two or three years' course. 4. If it is desirable to limit theoretical teaching in anatomy, physiology, drugs and their actions, simple chemistry, bacteriology and hygiene as closely as possible to a preliminary period of time, such a period should be from three to six months long, and during this period the pupil might spend a part of every day in the wards. 5. State registration will help to form public standards and so make it easier for us to arrive at preparatory study for nurses, the training of nurse-teachers, graded work in training schools, and uniform preparation of probationers. 6. As the expense of a good preliminary course is prohibitive for many hospitals, central schools might conduct preparatory courses in co-operation with several hospitals.

HOURLY NURSING *

By CHARLOTTE S. WEST, R.N.

Graduate of Michael Reese Hospital, Chicago

HOURLY nursing is a branch of our profession which the general public seems slow to understand. What the reasons for this can be, I scarcely know, for hourly nursing surely fills a long-felt need.

When I entered the field in April, 1900, it was comparatively unexplored in Chicago, and I was obliged in nearly every case to explain the meaning of the term. I must confess that at that time my knowledge of *what* the term implied was exceedingly limited. My first step in the venture, for venture it was, was to ask several of my friends in the profession for all special work that they might have, such as baths, surgical dressings, preparing for and assisting at operations, etc., during the summer, for I had taken a course in chiropody in New York and expected to devote my entire time to that work in the fall and hoped to tide myself over a dull season in that way. Much to my surprise, however, before the summer had passed, I had succeeded far beyond my highest expectations and was advised not to think of making a change, as there was a constantly growing demand for just such service as an hour of two of experienced care proved to be.

* Read at the session on Private Duty Nursing of the American Nurses' Association, Chicago, June, 1912.